Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment N YAMATO JAPA		TEAKI	HOLL	SE.	Telephone Number	Date of Inspection	ID#
Address 345 NEW ALBANY PLAZA, NEW ALBANY IN 47150					Est 812-590-1380 Own 917-855-2260	09/17/2020	
Owner DEFU CHEN					Purpose X Routine	Follow Up 09/24/2020	Released 09/17/2020
Owner's Addres		Æ (AP	ARTI	MENT D) CHARLESTOWN, IN 47111	Follow-up Complaint		
Person in Charg DEQUING "NI	-	HEN			Pre-Operational		
Responsible Per	son's En	nail			Temporary HACCP	Menu Type 1 2 3 _X	4 _ 5 _
Certified Food Handler DEFU CHEN					Other (list)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"							
Section #	C	NC	R	Narrative	To Be Corrected		
116		Χ		Observed kitchen staff failing to wear ma	andated face coverings.	TODAY	
118	Χ		Χ	Observed overall lack of food safety cond	* *		
				at handsink, no sanitizer available, no dat etc If corrections are not made and sus		-	
				a new certified food manager	tamed, than store will need to fir	ıu	
118	Х			Observed child in BOH food storage area. TODAY			
191	X		Х	Observed no date marking on made-in-ho			
				individual dressing. Anything kept over 2 and may only be kept for 7 days maximum kept in batches.			
177		X	Χ	Observed bulk staples and dry good store uncovered.	ed on the ground and/or left TODAY		
243		Χ		Observed cases of single-use items stored	·		
245		Χ	Χ	1 6 6			
344	Х			Observed kitchen handsink to be blocked	· ·		
346 347		X X		Observed no handsoap available at kitchen handsink TODAY Observed no hand towels available at kitchen handsink. TODAY			
<i>3</i>						TODA	
Summary of Violations C 4 NC 6 R 4							
Received by (nar	ne and ti	tle prir	ited):		Inspected by (name and title printed):		
DEQUING "NI			•		A.J. Ingram CHIEF FOOD SPECIALIST		
Received by (signature):					Inspected by (signature):		
cc:				cc:		cc:	